TAMALA HOLLAND PARALEGAL SPECIALIST DESIGNATED OFFICE 305-6483

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE APPLICANT(S)

	i	AS	FILED	AE	TER			CLAI	VIS ·						
	 	IND.	T	1st AME	NDMENT	2nd AM	FTER ENDMENT			1.					_
	1	1	DEP.	IND.	DEP.	IND.	DEP.]		IND.		 		•	
	2	<u> </u>	+]	51	1110.	DEP.	IND.	. DEP.	IND.	
11	3	-		 			-	1	52	 	 	 	ļ		T
	4	-						1	53	 	 	<u> </u>		~	Τ
	5		 						54	 					
	6								55	·					Γ
•	7								56						Γ
	8						-	ı	57						
	.9							.	58						
- 1	10								59						_
Ì	11		- 					ŀ							·
h	12							_ h	60					•	_
r	13	+						-	61						_
ŀ	14	-+						- F	62						_
上					T			-	63						_
ŀ	15	' -						-	64						
1	16 17		-				-	H	65						
r	18		+					-	66				.	-	_
r	19		!		$-\bot$			 	67						
r	20				-J			-	68						_
	21		+		\Box			· -	69 70			\bot			
	22					\Box		-	71						_
	23								72				T		_
_	24								73						_
	25								74					-	
	26	-							75						_
	27						\neg	_	76						Ė
- 5	28	_		 				_	77						_
. 2	9							_	78						_
3	0							_	79				$_{\perp}\Gamma^{-}$		÷
3	1.	_		 -		1:			30						_
3,	2	_			— <u> </u>		\Box		1		 -				-
3	3								2						
34			- 					8							
35		-			Ÿ		╝.	8			 -				
36		-						. 8							
37	_	+		+			_]. ·	86		+					
38		-					7	87			-				
39		+ -					7 1	88							
40	_	 	+		1		7 1	89		+		 			_
41	1	 	+		-		IJ. I	90		+		-			_
12	1	+	+		-	L.] /	91	 	+		+	+		
13	 	 	+	+	1]	92	+	+	+	ļ	1		
4	+	 	 	 			7. 1	93	+	 	 	<u> </u>	1		7
5			 	+] ·	94	+	 	 	<u> </u>	1		7
6	 	 		 	<u> </u>	L^-	7	95	+	 	 	ļ	<u> </u>		J
- 7	+	 	 				7	96	+	 	 	ļ			7
<u>. </u>	 		 	 			7	97	 	 	 				٦.
,	1						7	98	 		 				1
	1]	99		 	 				7
4L	ス]	100]
AL.	1	_				1		OTAL]
	1 / 1					وب	1 77	DTAL				$\perp 1$		ı	ŀ
M8	10	······································			15		[0,	EP.		No.		-		ب	1
351	(3-78)			MAYAR	USED HO	A STANSON	ONAL CL	Till.			U.S. DEP.		Į.		